

Talbot County Department of Parks and Recreation

Summer Camp 2015 Parent Handbook



Dear Parents –

Welcome! We are excited about the opportunity we have to spend time with your children this summer. During camp we will have weekly field trips, pool days, and a multitude of activities planned to create a positive and entertaining environment for kids of all ages. It is our goal to ensure that they have a safe summer full of wonderful memories while we also take every step needed in order to keep them safe. This handbook should be read prior to the first day of camp and will outline the policies and procedures that we have in place to make this a great summer. Please complete the following pages and return them to the Talbot County Community Center by May 30th:

- Acknowledgement Form**
- Health History Form**
- Medication Form (if needed)**
- Pick-Up/Drop-Off Information Form**
- Field Trip Permission Form**

Without these forms on file, your child will be unable to participate in summer camp.

Please understand that we encourage an open line of communication between our staff and our camp families. If you have any questions or concerns, feel free to contact us at (410) 770 – 8050.

We are looking forward to a great summer!

Sincerely,

**Kaleigh Davis
Program Coordinator/Camp Director**

Payment and Cancellation

Payment Policy

Payment must be made prior to children attending camp and may be done in one of the following ways:

- A. Full Payment – Select the weeks that your child will be attending summer camp and pay with cash, check, or credit card for the full amount.
- B. Week by Week Payment – Select the weeks that your child will be attending summer camp and pay weekly with cash, check, or credit card. *Payment MUST be received by no later than the 9am, Thursday prior to the week your child is attending camp.*

Cancellation Policy

Registration fees offset the cost of planning and scheduling programs and trips. Please see the cancellation policy below to receive a refund for a week that you have previously registered for.

- Full Refund: In order to receive a full refund for cancellation, you must notify us of the cancellation 10 business days before the registered week.
- 50% Refund: In order to receive a 50% refund for cancellation, you must notify us of the cancellation 5 business days before the registered week.
- No Refund will be given if you cancel participation with less than 5 business days notice.

Registration

To attend the Talbot County Department of Parks and Recreation Summer Camp, a registration form must have been completed and submitted to the Parks and Recreation office before the registration deadline. You must complete and turn in the health history form, medication form, pick-up/drop-off information form, acknowledgement page, and field trip permission form by May 30th.

You may sign up for the full eight week duration of the camp or as many as you would like. We do not require a full summer commitment.

Daily Procedures

-Drop-off & Pick-up

For your child's safety, we require that you sign your child in and out each day. This means that you (parent or guardian) must make contact with designated camp staff to drop-off or pick-up your child. No child will be received or released without official authorization from a person designated on the pick-up/drop-off information form that you submitted. Children are not allowed to leave our supervision until a parent/guardian signs them out. If the name of the person(s) picking up the child is not listed, the child will not be released and the Talbot County Sheriff's Department may be called.

We will have a bulletin board with important camp information pertaining to upcoming events that needs to be reviewed at pick-up.

-Hours of Camp Operation

Summer Camp hours are from 8:00am to 4:00pm with drop-off beginning at 7:00am and pick-up until 6:00pm. Doors will not be unlocked until 7:00am, there is no supervision provided until that time. If you are late picking your child up (after 6:00pm), you will be charged a late fee. The late fee charge is \$15 per child for every 15 minutes after 6:00pm beginning at 6:01pm.

Camp Guidelines

- Children are required to pack a lunch daily. We will provide an afternoon snack. Refrigeration is not available so only send items that do not need refrigeration.
- Money is only allowed to be brought to camp on days that we have a field trip. Parents should put money in an envelope or baggie with the child's name on it and drop it off to camp staff at the time of drop-off. No money is to be sent in on pool days.
- Campers are to wear closed toed shoes for safety reasons. We will be roller skating on days that we are staying at the community center so please make sure they wear socks.
- NO toys, electronics, games, or cell phones!!

- Wear “school-appropriate” clothing. Shorts must reach the child’s middle finger when their hands are to their side and no spaghetti strap tank tops or strapless shirts. Shirts must not display anything related to alcohol, tobacco, drugs or violence.
- Please check the bulletin board at pick-up for any special instructions on what to bring/wear in the upcoming days!

Pool Days (Tuesdays & Thursdays)

On pool days, please remember the following:

1. No money!
2. Please send your child with sunscreen, a towel, a bathing suit, and a change of clothes.
3. Please write their name on the tag of their belongings.

Children must pass a “deep-end swim test” in order to swim in the deep end. This is required by the pool facility.

Field Trip Days

On field trip days, please remember the following:

1. Please pack a brown bagged lunch so we don’t have to worry about losing lunch boxes.
2. Make sure your children are wearing their camp shirts.
3. There is a \$20 maximum on money that is brought for field trips. Please put their money in an envelope or baggie with their name on it and give it to the staff member assigned to drop-off that morning.

Discipline Policy

Three Strikes - You’re Out

There will be:

- ☐ NO running inside facility
- ☐ NO willful physical fighting
- ☐ NO use of inappropriate language with other campers or staff
- ☐ NO possession of tobacco, alcohol, or drug paraphernalia
- ☐ NO destruction of camp, school, or others property,
- ☐ NO inappropriate displays of affection
- ☐ Everyone must follow the Counselor’s directions
- ☐ Cooperation and respect for others

Children will be allowed three strikes. Based upon the severity of the incident, after three strikes, if the child still does not cooperate or change their behavior, they will not be able to return for three days. Admission fees will not be refunded. *If a child goes through another round of the three strikes policy, that child will be dismissed from the program with no refund of fees.* We ask for complete parent cooperation on this policy.

The following procedures should be used when giving “strikes” :

- An incident report, whether 1st, 2nd, or 3rd strike, will be written whenever a youth exhibits disruptive or unacceptable behavior or breaks the rules that are listed above. A copy of this report will be given to the parent and put on file at the camp site.
- A verbal warning should be given to the child and will be considered a first strike.
- A written warning should be given to the child’s parent or guardian and will be considered a second strike.
- Once the third warning is given, this will be considered a third strike. At that time, the child’s parents will be contacted and they will immediately remove the child from camp for a minimum of a three-day suspension or longer.



Acknowledgement Form

I, _____, have read, acknowledged, and accepted all information included in the Summer Camp 2015 Parent Handbook. I agree to comply with the policies set forth in this handbook.

Signature_____ Date_____



2015 Summer Camp Pick Up / Drop Off Authorization Form

Child's Name: _____

Parent/Guardian Name: _____

Only the following names have my permission to pick up/drop off the above mentioned child:

| Name | Phone Number | Cell Number | Relationship |
|----------|--------------|-------------|--------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

If the name of the person(s) picking up the child is not listed, the child will not be released and the Talbot County Sherriff's Department may be called.

Parent/Guardian Signature: _____

Date: _____



Health History Form

This form must be completed in full in order to participate.

Name of Child: _____ DOB: _____ Age: _____
Last First MI

Parent/Legal Guardian: _____ Phone: _____

If you are the legal guardian for the summer, please provide is with a notarized letter from legal parent.

Name of Parent: _____ Phone: _____

Address: _____

Child will be with guardian: From - _____ To - _____

Please provide (3) emergency contacts and your physician details:

Contact #1: Name: _____ Phone: _____ Relationship: _____

Contact #2: Name: _____ Phone: _____ Relationship: _____

Contact #3: Name: _____ Phone: _____ Relationship: _____

Primary Physician: _____ Location: _____

Phone: _____

Health History

Date of Last Medical Physical: _____ Date of Last Tetanus Shot: _____

Allergies (including medicines): _____

If so, please explain reactions: _____

Insurance – ____ Yes / ____ No

Name of Insurance: _____ Group #: _____

This health history is correct as far as I know, and the person herein described has permission to engage in all program activities except as noted. AUTHORIZATION FOR TREATMENT: I hereby give my permission to the medical personnel selected by the TCDPR and the TOEDPR, to transport my child to the nearest medical hospital. I further grant my permission to order x-rays, routine tests, medical treatment, and necessary transportation for this child. In the event I cannot be reached in an emergency, I hereby grant permission to the Physician(s) or hospital selected by emergency transport to secure and administer treatment, including hospitalization, for the child named above. This completed form may be copied for administrative purposes. Please attach a letter if permission is not granted for the above.

Signature of Parent/Guardian: _____ Date: _____



Child's Name: _____

Medication Form

Please complete the information requested below for the Summer Camp Medical Log. This information is required for staff to "witness self administered" medications for your child. ALL medications shall have been prescribed by a licensed Medical Physician. The pill container and bottle shall have the following information displayed: name of physician, telephone number of physician, child's name, and dosage. If medication requires a spoon, please bring a spoon with the medication. Please be sure to complete this form in its entirety to ensure the child's safety. This information is required by the State of Maryland Health Department COMAR regulations.

Child's Name: _____

Age: _____ Male ____ Female ____

Child's Address: _____
Street City State Zip Code

Medication Information

Medication: _____

Dosage Directions: _____

Prescribing Physician: _____

Reason For Medication: _____

Symptoms Without Medication: _____

Side Effects: _____

Is child capable of self administration? : _____ Yes or _____ No

If not capable, who will come to the program site to administer medication (include name, phone number and relationship to child)? _____

Parent/Guardian Signature: _____ Date: _____

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